MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041932

					IC HEALTH AND W	VELFARE 318		:	et No. 1003	3Registrar's N	100	フェー	STATE FILE	NUMBER
DO NOT WRITE	A	MENC	TED	L-	Registration District No.		mary Regis	orration Distric	ET NO. A.U.U.	Registrar's N	0.4344			
ON THIS STUB				_F	FLACE OF DEATH	7 1963				2. USUAL RESID	ENCE (Where	deceased live	ed. If institution	n: Residence before
vs 300	ا ما	i	11		a. COUNTY				ì	a. STATE M		b. COUNTY		admission)
Rev. 4/59	AMENDED			•	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b				th of stay in 1b	c. CITY				Inside Limits
Ì	\eur		ŢĹ	,	∩e ` _	Louis, Mo.	•		Ldays	town St	t. Lou	is		Yes No
ι [•	c. FULL NAME OF (IF	f NOT in hospital, give locat	tion)		Inside Limits	d. STREET			give location)	Reside on Farm
	٦	` 	1 1	ł	HOSPITAL OR	HOSPITAL OR				ADDRESS	3120	Newste		Yes No
2 \mathcal{Z} / 2	0 ,[8]	\perp	\perp]:			u UN.			н	. F .			
3 -	-	Τ]		3. NAME OF DECEASED (Type or print)	- ::::::		Middle		Last	4. DATE OF		onth Day	Year
4 3		۱	+	1.		Pinkie Pinkie				Price	DEATH	1	10 7	7 1963
		۱			5. SEX	6. COLOR OR RACE		rried 🗀 Ne	lever Married Divorced	I		(last birthday)	Months Day	
5 2		'			Female Pemale		<u></u>			5-1-71		92		
6	ا و	'		1		N (Give kind of work done king life, even if retired)	I IUD. KIN	OF BUSING	LUJ OK INDUSTR	Y 11. BIRTHPLACE			L CHIZEN C	S. A.
_ <u>-`</u> }	FOLLOWS			1.				13b MOTUE	S MAIDEN NAM		issipp		HUSBAND OR WI	
7 / _ 5	३	'		1	13a. FATHER'S NAME	3en		MUTHER	. J MAIDEN NAM		Ι,	HAME UP		
x , ,		1		1.		Ben		16. SOCIAL	SECURITY NO.	Elsie			Jeff Address	
	ଥ	'				ER IN U.S. ARMED FORCES? If yes, give war or dates of NO		is. social:		Essie Joh	ns on		Newstead	1
9	<u></u>	'	.	.].						1				INTERVAL BETWEEN
10 1	¥	'		Z.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to						ONSET AND DEATH			
		'	1 1	OCUMEN		IMMEDIATE CAUSE (a	<u>ے</u> ا	erell.	ual 1	wen	or cle	40260	-	gears
11	اوّارُ	'	}	νĮ									1	~
12 111-11		- 1		ا بر	1			Kg.	. 0 .	0 6	10- · =	-1	الممم	mes.
	ا⊟ام	,	'	١	which (ions, if any, OUE TO (I	b)	Gene	ralig	ed ar	Luis.	· class	pi	years_
	اقام			3	which g above stating	gave rise to cause (a), the under-		Gene	ulig	ed ler	<u>Leio.</u> 334	releas X	Pi	yeur
	N THIS	+	+		which gabove stating lying	gave rise to cause (a), the under-cause lest, DUE TO ((c)				334	×		geres
13 4	200	+			which gabove stating lying	gave rise to cause (a), the under-	(c)	NS CONTRIBL			334	×	III. If deceased	d was female was mancy in last 90 days.
13 4	200	+			which g above stating lying	gave rise to cause (a), the under-cause last. DUE TO ((c)	NS CONTRIBL	UTING TO DEAT	IH but not related	334) to the fermin	nal PART	III. If deceased there a preg	nancy in last 90 days. No Unknown
13 4	200	-			which above stating lying	gave rise to cause (a), in the undercause last. OUE TO (consider the undercause last. OUE TO (consider the undercause last.)	CONDITION IN PART I	NS CONTRIBL	UTING TO DEAT		334) to the fermin	nal PART	III. If deceased there a preg	nancy in last 90 days. No Unknown
13 4	200				which (above stating lying lyi	gave rise to cause (a), the under-cause last. DUE TO (cause last.)	CONDITION IN PART I	NS CONTRIBL	UTING TO DEAT	IH but not related	334) to the fermin	nal PART	III. If deceased there a preg	nancy in last 90 days. No Unknown
76	200				which above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hou	gave rise to cause {a), the under-cause lest. DUE TO (cause lest.) II. OTHER SIGNIFICANT C disease condition given	CONDITION IN PART I	NS CONTRIBL	UTING TO DEAT	IH but not related	334) to the fermin	nal PART	III. If deceased there a preg	nancy in last 90 days. No Unknown
76 X	z				PART I 19. WAS AUTOPSY PERFORMED? YES NO	gave rise to cause (a), the under-cause last. DUE TO (cause last.) II. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID	CONDITION IN PART I	NS CONTRIBL	Ob. DESCRIBE HO	IH but not related	334)	nsl PART	III. If deceased there a preg	Tof item 18.)
76 X	200				PART I 19. WAS AUTOPSY PERFORMED? YES NO NO 20c. TIME OF Hou INJURY 8.mm P.m. 20d. INJURY OCCURR	gave rise to cause (a), the under-cause last. DUE TO (cause last.) II. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID Why Month, Day, Year Inc. RED 20e. PLACE	CONDITION IN PART I	NS CONTRIBL	Ob. DESCRIBE HO	IH but not related	334)	nsl PART	III. If deceased there a preg	nancy in last 90 days. No Unknown
RIBBON 92	AMENDMENTS ON				PART I 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?	gave rise to cause (a), I the undercause last. OUE TO (couse last.) 11. OTHER SIGNIFICANT Codisease condition given 20a. ACCIDENT SUICID Codisease Condition given When the code is a codisease condition given code is a codisease codis	CONDITION IN PART I	NS CONTRIBL	Ob. DESCRIBE HO	OW INJURY OCCURR	334) to the termin	nel PART	III. If deceased there a preg	No Unknown I II of item 18.) STATE
RIBBON 92	AMENDMENTS ON				TO THE OF HOU INJURY OCCURE WHILE AT WORNOT WHILE AT	gave rise to cause (a), the under-cause last. DUE TO (couse last.) 11. OTHER SIGNIFICANT Codisease condition given 20a. ACCIDENT SUICID COMMAND COMM	CONDITION IN PART I	NS CONTRIBL (a) NCIDE 20 IRY (e.g., in or	Ob. DESCRIBE HO	OW INJURY OCCURR	334)	nel PART	III. If deceased there a preg	No Unknown I II of item 18.) STATE
RIBBON 92	READ AMENDMENTS ON	5	2001		19. WAS AUTOPSY PERFORMED? YES NO MINJURY OCCURE WHILE AT WORNOT WHILE AT	gave rise to cause (a), the under-cause last. DUE TO (cause last.) 11. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID COMMAND COMM	CONDITION IN PART I DE HOM E E OF INJUIT factory, BY	NS CONTRIBL (a) NCIDE 20 IRY (e.g., in or	ob. DESCRIBE HOTEL STREET ABOUT home, ideg., atc.)	OW INJURY OCCURR	3347 To the terminated. (Enter natural OR LOCATION and last saw	nsl PART ourse of injury in	III. If deceased there a preg	STATE
RIBBON 94	READ AMENDMENTS ON		195		19. WAS AUTOPSY PERFORMED? YES NO MENT HOUSE INJURY OCCURREN NOT WHILE AT A WOR NOT WHILE AT Death occurred	gave rise to cause (a), the under-cause last. DUE TO (cause last.) 11. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID COMMAND COMM	CONDITION IN PART I	INS CONTRIBL (a) INCIDE 20 INV (e.g., in or reet, office blooms	ob. DESCRIBE HOTEL STREET ABOUT home, ideg., atc.)	OW INJURY OCCURR 20f. CITY, TOWN,	3347 To the terminated. (Enter natural OR LOCATION and last saw	nsl PART ourse of injury in	III. If deceased there a preg	To last 90 days. No Unknown I li of item 18.) STATE
RIBBON 94	READ AMENDMENTS ON	3	100	ور الم	19. WAS AUTOPSY PERFORMED? YES NO MINJURY OCCURE WHILE AT WORNOT WHILE AT	gave rise to cause (a), the under-cause last. DUE TO (cause last.) 11. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID COMMAND COMM	CONDITION IN PART I	INS CONTRIBL (a) INCIDE 20 INV (e.g., in or reet, office blooms	ob. DESCRIBE HOTEL STREET ABOUT home, ideg., atc.)	TH but not related OW INJURY OCCURR 20f. CITY, TOWN, 6 7 = 63 the date stated above	OR LOCATION and last saw e, and to the b	nel PART vere of injury in N her him alive on best of my kne	III. If deceased there a preg	STATE State Courses stated.
BLACK INK OR RITER RIBBON 91	AMENDMENTS ON		100	ور الم	19. WAS AUTOPSY PERFORMED? YES NO 20. TIME OF HOU INJURY OCCURE WHILE AT WOR NOT WHILE AT WOR NOT WHILE AT 22a. SIGNATURE	gave rise to cause (a), the undercause last. DUE TO (cause last.) III. OTHER SIGNIFICANT (disease condition given disease con	E OF INJUIT factory, att	INS CONTRIBL (a) INS CONTRIBL 20 INS (a.g., in or reet, office blooms)	ob. DESCRIBE HOTO or about home, idg., atc.) m on th	TH but not related OW INJURY OCCURR 20f. CITY, TOWN, 6 7 – 63 the date stated above 22b. ADDRESS 5 6 0 6 EMATORY	or LOCATION and last saw e, and to the b	her him alive on best of my kno	III. If deceased there a preg	STATE State Courses stated.
RIBBON 92	SHOULD READ		100	ور الم	19. WAS AUTOPSY PERFORMED? YES NO MANUAL PERFORMENT NO MANUAL PERFORM	gave rise to cause (a), the under-cause last. DUE TO (cause last.) 11. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID COMMAND COMM	E OF INJUIT factory, att	INS CONTRIBL (a) INS CONTRIBL 20 INS (a.g., in or reet, office blooms)	ob. DESCRIBE HOTO or about home, idg., atc.) m on th	TH but not related OW INJURY OCCURR 20f. CITY, TOWN, 6 7 – 63 the date stated above 22b. ADDRESS 5 6 0 6 EMATORY	334) To the terminate. OR LOCATION and last saw e, and to the b	her him alive on best of my kno	COUNTY 10.7-6	STATE 22c. DATE SIGNED
RIBBON 92	NO. SHOULD READ		100	ور الم	TOTAL STATE OF THE PART IN THE	gave rise to cause (a), the under-cause last. DUE TO (cause last.) II. OTHER SIGNIFICANT Codisease condition given 20a. ACCIDENT SUICID CODING CODI	E OF INJUIT factory, att	INS CONTRIBL (a) INS CONTRIBL 20 INS (a.g., in or reet, office blooms)	ob. DESCRIBE HOTO or about home, ideg., etc.) to 10- m on the	TH but not related OW INJURY OCCURR 20f. CITY, TOWN, 6 7 – 63 the date stated above 22b. ADDRESS 5 6 0 6 EMATORY	OR LOCATION and last saw e, and to the b 23d. LOCAT Shant L REG. 26.	her alive on best of my known (City, too	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE 22c. DATE SIGNED (State) M.188
RIBBON 49	SHOULD READ	,	100		19. WAS AUTOPSY PERFORMED? YES NO MANUAL PERFORMENT NO MANUAL PERFORM	gave rise to cause (a), the under-cause (a), the under-cause last. DUE TO (c) the under-cause last.	E OF INJUIT FACTORY, BY	INS CONTRIBL (a) INS CONTRIBL 20 INS (a.g., in or reet, office blooms)	ob. DESCRIBE HOTO or about home, ideg., atc.) to 10- m on the control of the con	TH but not related OW INJURY OCCURR 20f. CITY, TOWN, 6 7-63 he date stated above 22b. ADDRESS 5600 EMATORY TY	OR LOCATION and last saw e, and to the b 23d. LOCAT Shant L REG. 26.	her alive on best of my known (City, too	COUNTY COUNTY 10-7-6 Towledge, from the	STATE 22c. DATE SIGNED (State)

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	ý	·		STATEMENT BY	LICENSED EMBALMER		
	l he	reby certify that th	ne body who:	se name is recor	ded on the reverse side o	of this certificate w	as emba

or by	rrity that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
working under my	personal supervision.	Ashux Ommer ham
Student	Signature of Student Embalmer	Signed To WWO T
10-7-63	£0-0-0£	Licensed Embalmer No. 4476 COPI-OI-OP P. O. Address 2405 Marous

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

Tre.i

3774 Finney Ave.